

IN THE CIRCUIT COURT OF THE STATE OF OREGON
IN AND FOR THE COUNTY OF MULTNOMAH

RILEY POOR,
Plaintiff,
vs.
FRONTIER AIRLINES, INC.,
Defendant

Case No. 1211-14843

SUMMONS

To: FRONTIER AIRLINES, INC.
C/O CORPORATION SERVICE COMPANY
285 LIBERTY ST. NE, SALEM, OR 97301

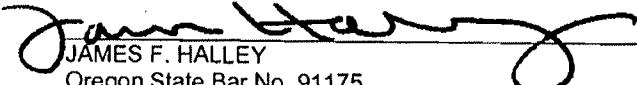
Defendant

You are required to appear and defend the complaint filed against you in this matter within thirty (30) days from the date of service of this summons upon you. If you fail to do so, plaintiff(s) will apply to the court for the relief demanded in the complaint.

NOTICE TO DEFENDANT: READ THESE PAPERS CAREFULLY

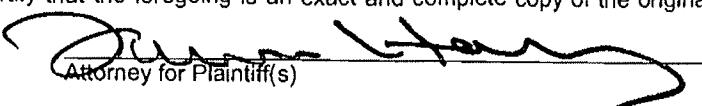
You must "appear" in this case or the other side will win automatically. To "appear" you must file with the court a legal paper called a "motion" or "answer." The "motion" or "answer" must be given to the court clerk or administrator within 30 days along with the required filing fee. It must be in proper form and have proof of service on the plaintiff's attorney or, if the plaintiff does not have an attorney, proof of service upon the plaintiff.

If you have any questions, you should see an attorney immediately. If you need help in finding an attorney, you may call the Oregon State Bar's Lawyer Referral Service at (503) 684-3763 or toll-free in Oregon at (800) 452-7636.


JAMES F. HALLEY
Oregon State Bar No. 91175
Attorney for Plaintiff and Trial Attorney

STATE OF OREGON, County of Multnomah) ss.

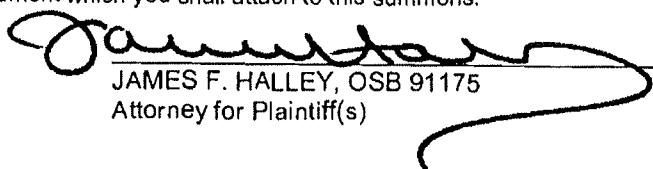
I, the undersigned attorney of record for the plaintiff, certify that the foregoing is an exact and complete copy of the original summons in the above-entitled action.


Attorney for Plaintiff(s)

TO THE OFFICER OR OTHER PERSON SERVING THIS SUMMONS:

You are directed to serve a true copy of this summons, together with a true copy of the complaint, upon the individual(s) or other legal entity(ies) to whom or which this summons is directed. You are further directed to make your proof of service on the reverse side of this summons or upon a separate similar document which you shall attach to this summons.

JAMES F. HALLEY, P.C.
Attorney for Plaintiff(s)
735 S. W. First Avenue, Second Floor
Portland, Oregon 97204
Telephone: (503) 295-0301
FAX: (503) 228-6551


JAMES F. HALLEY, OSB 91175
Attorney for Plaintiff(s)

EXHIBIT

B

PROOF OF SERVICE

STATE OF OREGON)
) ss.
 County of MULTNOMAH)

I certify that I made service of the foregoing summons upon the individuals and other legal entities to be served, named below, by delivering or leaving true copies of said summons and the complaint mentioned therein, certified to be such by the attorney for the plaintiff, as follows:

Personal Service Upon Individual(s)

Upon _____, by delivering such true copy to him/her, personally and in person, at _____, on _____, 200_____, at ____ o'clock ____m.
 Upon _____, by delivering such true copy to him/her, personally and in person, at _____, on _____, 200_____, at ____ o'clock ____m.

Substituted Service Upon Individual(s)**

Upon _____, by delivering such true copy at his/her, dwelling house or usual place of abode, to-wit: _____, to _____, who is a person over the age of 14 years and a member of the household of the person served on the _____, 200_____, at ____ o'clock ____m.

Office Service upon Individual(s)**

Upon _____, at the office which he/she maintains for the conduct of business at _____,

by leaving such true copy with _____, the person who is apparently in charge, on _____, 200_____, during normal working hours, at to-wit: _____ o'clock, ____m.

Service on Corporations, Limited Partnerships or Unincorporated Associations Subject to Suit Under a Common Name

Upon _____, by
 (NAME OF CORPORATION, LIMITED PARTNERSHIP, ETC.)
 (a) delivering such true copy, personally and in person, to _____, who is a / the _____ thereof; OR
 (b) leaving such true copy with _____, the person who is apparently in charge of the office of _____, who is a / the * _____ thereof;

* Specify registered agent, officer (by title), director, general partner, managing agent.

at _____, on _____, 200_____, at ____ o'clock ____m.

DATED: _____ 200_____

I further certify that I am a competent person 18 years of age or older and a resident of the state of service or the State of Oregon, and that I am not a party to nor an officer, director or employee of, nor attorney for any party, corporate or otherwise; that the person, firm or corporation served me is the identical person, firm or corporation named in the action.

DATED: _____ 200_____

BY: _____ SHERIFF

DEPUTY

SIGNATURE

TYPE OR PRINT NAME

ADDRESS

Phone

The signature lines on the left should be used only by an Oregon county sheriff or deputy; all other servers complete certificate on the right.

** In the event substituted or office service is made, mailing must be completed as soon as possible, and separate proof of mailing executed.